

DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe that I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

ANTIBODY-MEDIATED DOWN-REGULATION OF PLANT PROTEINS

the specification of which
is attached hereto

OR
☒ was filed on (MM/DD/YY) 07/21/99 as United States Application Number 09/358,321
or PCT International Application Number _____

and was amended (by Preliminary Amendment) on (MM/DD/YY) _____ (if applicable).

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56.

I hereby claim foreign priority benefits under Title 35, United States Code, § 119(a)-(d) or § 365(b) of any foreign application(s) for patent or inventor's certificate or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application(s)	Foreign Filing Date	Priority Claimed
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
(Number)	(Country)	(MM/DD/YY)
_____	_____	_____
(Number)	(Country)	(MM/DD/YY)
_____	_____	_____

I hereby claim the benefit under Title 35, United States Code § 119(e) of any United States provisional application(s) listed below:

Application Number	Filing Date (MM/DD/YY)
<u>60/093,587</u>	<u>07/21/98</u>
_____	_____
Application Number	Filing Date (MM/DD/YY)
_____	_____
Application Number	Filing Date (MM/DD/YY)
_____	_____

I hereby claim benefit under Title 35, United States Code § 120 of any United States application(s), or § 365(c) of any PCT international application designating the United States of America, listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application or PCT international application in the manner provided in the first paragraph of Title 35, United States Code, § 112, I acknowledge the duty to disclose information which is material to patentability as defined in Title 37, Code of Federal Regulations, § 1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

U.S. Parent Application No.	PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
_____	_____	_____	_____
U.S. Parent Application No.	PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
_____	_____	_____	_____
U.S. Parent Application No.	PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
_____	_____	_____	_____
U.S. Parent Application No.	PCT Parent No.	Parent Filing Date (MM/DD/YY)	Parent Patent Number (if applicable)
_____	_____	_____	_____

As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and all continuation and divisional applications based thereon, and to transact all business in the Patent and Trademark Office connected therewith:
Kenneth L. Loertscher, Registration No. 29,558; Andrea T. Borucki, Registration No. 33,651; Craig E. Mixan, Registration No. 32,709; Donald R. Stuart, Registration No. 28,479; Kent Barta, Registration No. 29,042; and Carl D. Corvin, Registration No. 34,569. Address all correspondence to: Kenneth L. Loertscher, Dow AgroSciences LLC Patent Section, 9330 Zionsville Road, Indianapolis, Indiana 46268-1054.

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issuing thereon.

Inventor(s):

At Indianapolis, Indiana USA

this 5 day of October 1999

Signature [Signature]
Full Name: Kitisri Sukhapinda
Residence: 4748 Ashwood Court
Zionsville, Indiana 46077
Country: United States of America
Citizenship: United States of America
P.O. Address: Same as Residence

At Indianapolis, Indiana USA

this 1st day of October 1999

Signature [Signature]
Full Name: James K. Petell
Residence: 15 Monahan Road
Zionsville, Indiana 46077
Country: United States of America
Citizenship: United States of America
P.O. Address: Same as Residence

At Indianapolis, Indiana USA

this 5th day of October 1999

Signature [Signature]
Full Name: James M. Hasler
Residence: 1379 Wildwood Road
Danville, Indiana 46122
Country: United States of America
Citizenship: United States of America
P.O. Address: Same as Residence

At Nashville, Tennessee USA

this 27 day of September 1999

Signature [Signature]
Full Name: James A. Stockland
Residence: 1102 Emily Drive
Goodlettsville, Tennessee 37072
Country: United States of America
Citizenship: United States of America
P.O. Address: Same as Residence

50,447 DECLARATION AND POWER OF ATTORNEY

☒ Additional inventors are being named on supplemental sheet(s) attached hereto.

PTO/SB/01 (6-95) (Revised)

At New Haven, CT

this 29th day of September 1999

Signature [Signature]

Full Name: Offa Folkerts

Residence: 29 Arrowhead Drive

Guilford, Connecticut 06437

Country: United States of America

Citizenship: The Netherlands

P.O. Address: Same as Residence

At _____

this _____ day of _____ 19____

Signature _____

Full Name: _____

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